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Date September 20, 2005 Client-Matter # 80000-9999
From Matthew J. Marquardt Direct Tel 416.865.8242
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Matthew J. Marquardt
Registration No. 40,997

September 20, 2005

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PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

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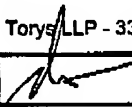
2

Application Number	10/825,216
Filing Date	April 16, 2004
First Named Inventor	AMICO, John
Art Unit	2625
Examiner Name	AZARIAN, Seyed H.
Attorney Docket Number	32788-2003

ENCLOSURES (Check all that apply)

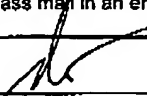
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Request for Withdrawal as Attorney or Agent and Change of Correspondence Address		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Torys LLP - 33721		
Signature			
Printed name	Matthew J. Marquardt		
Date	September 20, 2005	Reg. No.	40,997

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Matthew J. Marquardt, Reg. No. 40,997	Date	September 20, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/825,218
Filing Date	April 16, 2004
First Named Inventor	AMICO, John
Art Unit	2625
Examiner Name	AZARIAN, Seyed H.
Attorney Docket Number	32798-2003

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**To: Commissioner for Patents
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Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number **33721**

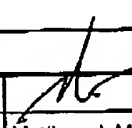
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Applicants have instructed that they will retain new attorneys/agents.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	JOHN AMICO		
Address	12 Hilltop Road		
City	Bronxville	State	New York
Country	U.S.A.		
Telephone	(917) 562-4225	Email	jlamico@optonline.net
Signature			
Name	Matthew J. Marquardt	Registration No.	40,997
Date	September 2, 2005	Telephone No.	416.865.0040

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